

*Department of Community Affairs
Bureau of Code Services
Elevator Safety Unit
Fax: 609-984-7084
Email: elevatorsafetyunit@dca.nj.gov*

REQUEST FOR FINAL ACCEPTANCE INSPECTION

Date: _____

Person & Elevator Company Requesting The Inspection: _____

Phone Number: _____

Project Name (Work Site Location):

Address: _____ Municipality: _____

***ESU Control Number:** _____
(ESU Control Number on Technical Section: **IS NOT THE PERMIT NUMBER**)

***Local Municipality Elevator Permit Update Number:** _____

A COPY OF THE PERMIT UPDATE IS NEEDED BEFORE A FINAL INSPECTION CAN BE SCHEDULED.

(For New Construction: To Perform an Elevator Inspection, a Permit is required to be issued by the Local Construction Official. This does not include Minor Work)

Type of Work:

New Construction	Existing Building:
Addition	Alteration
Other	Minor Work

Type of Elevator:

Number of Devices:

Hydraulic	Chair Lift
Traction	Platform Lift
Dumbwaiter	Roped Hydraulic
Escalator	Other

Do you have a Bldg Elevator Subcode Plan Review Release and a Layout release? _____

For the Final Acceptance Inspection to be scheduled is the

Elevator Work Completed: _____ Building Work Completed: _____

*** THE CONTROL # AND A COPY OF THE UPDATED PERMIT # ARE REQUIRED IN ORDER TO SCHEDULE AN ACCEPTANCE INSPECTION**

*** APPROVED LAYOUT DRAWING (S) AND TECHNICAL SECTION MUST BE ON JOB SITE.**

OFFICE USE ONLY

Date:

FA Inspector Notified:

Comments:

Folder in cabinet:

Initials: